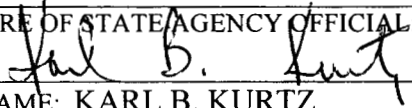


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 02-001	2. STATE IDAHO
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE JANUARY 1, 2002	
5. TYPE OF PLAN MATERIAL (Check One): MAR 22 2002			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT: a. FFY 2002 \$144,680 b. FFY 2003 \$ 23,681	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 2.6-A, page 5 Supplement 6 to Attachment 2.6-A, pages 1 and 1.b. Supplement 13 to Attachment 2.6-A		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1 to Attachment 2.6-A, page 5 Supplement 6 to Attachment 2.6-A, pages 1 and 1.b. Supplement 13 to Attachment 2.6-A	
10. SUBJECT OF AMENDMENT: ELIGIBILITY LIMITS AFTER JANUARY 2002 COLA			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: R. Scott Cunningham, Administrator Idaho Department of Health and Welfare Division of Welfare PO Box 83720 Boise, ID 83720-0036	
13. TYPED NAME: KARL B. KURTZ			
14. TITLE: DIRECTOR			
15. DATE SUBMITTED: MARCH 12, 2002			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: MAR 22 2002		18. DATE APPROVED: MAY 28 2002	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JAN - 1 2002		20. SIGNATURE OF REGIONAL OFFICIAL: LSI	
21. TYPED NAME: Bonnie Butterfield		22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID AND STATE OPERATIONS	
23. REMARKS: TESTIMONY: 3/19 : Boise (DATE) (CITY/STATE)			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Idaho

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(1) of the Act are as follows:

Based on _____ percent of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
1	\$
2	\$
3	\$
4	\$
5	\$

4. Special Income Level for Institutionalized Individuals

\$1,635 1/1/2002

TN No. 02-001
Supersedes
TN No. 01-003

Approval Date _____

Effective Date
HCFA ID: 7985E

State: Idaho
Standards for Optional State Supplementary Payments

Payment Category (Reasonable Classification)	Administered by		Income Level				Income Disregards Employed
	Federal	State	1 person	<u>Gross</u> Couple	1 person	<u>Net</u> Couple	
(1) Aged, Blind, Disabled - Living Independently, Including room and board paid to a parent, child or sibling		X	(3) 1,635	3,270	(4) 627*	917*	(5)
Aged, Blind, Disabled - Personal Care Supplement in Residential and Assisted Living Facility and Certified Family Home		X	1,635	3,270	520	1,040	
Aged, Blind, Disabled - Room and Board		X	1,635	3,270	722	1,444	
Aged, Blind, Disabled - Semi-Independent Group Residential Facility		X	1,635	3,270	722	1,444	* Includes \$50 Special Needs Allowance for each person
Aged, Blind, Disabled - Residential and Assisted Living Facility and Certified Family Home							
Level I			1,635	3,270	864	1,728	
Level II			1,635	3,270	931	1,862	
Level III			1,635	3,270	999	1,998	

TN No. 02-001
Supersedes
TN No. 01-003

Approval Date _____

Effective Date _____

State: Idaho

INCOME LIMITS BY LIVING SITUATION	
Living Situation	Medicaid Income Limit
INDEPENDENT Single Person Couple	\$577 (\$577 Basic Allowance) \$817 (\$817 Basic Allowance)
ROOM AND BOARD	\$722 (\$67 Basic Allowance plus \$655 Room and Board Allowance)
SEMI-INDEPENDENT GROUP RESIDENTIAL FACILITY	\$722 (\$349 Basic Allowance plus \$373 Semi-Independent Group Residential Facility Allowance)
RESIDENTIAL AND ASSISTED LIVING FACILITY AND CERTIFIED FAMILY HOME	Level I \$864 (\$67 Basic Allowance plus \$797 Care Allowance Level II \$931 (\$67 Basic Allowance plus \$864 Care Allowance Level III \$999 (\$67 Basic Allowance plus \$932 Care Allowance)

TN No. 02-001
Supersedes
TN No. 01-003

Approval Date _____

Effective Date _____

Citation

Condition or Requirement

Section 1924 Provisions

A. **Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with S1924.**

B. **In the determination of resource eligibility the State resource standard is:
Maximum resource standard - \$89,280
Minimum resource standard - \$17,900**

The maximum monthly maintenance needs allowance is \$2,232.

C. **The definition of undue hardship for purposes of determining if institutionalized spouses receive Medicaid in spite of having excess countable resources is described below:**

Undue hardship exists where the institutionalized spouse, the community spouse, or the representative of either spouse is able to demonstrate to the satisfaction of the State agency that the county is not obligated to pay the medical care needs of the institutionalized spouse and that the medical care needs of the institutionalized spouse cannot be met other than by the Idaho Medicaid program.